

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

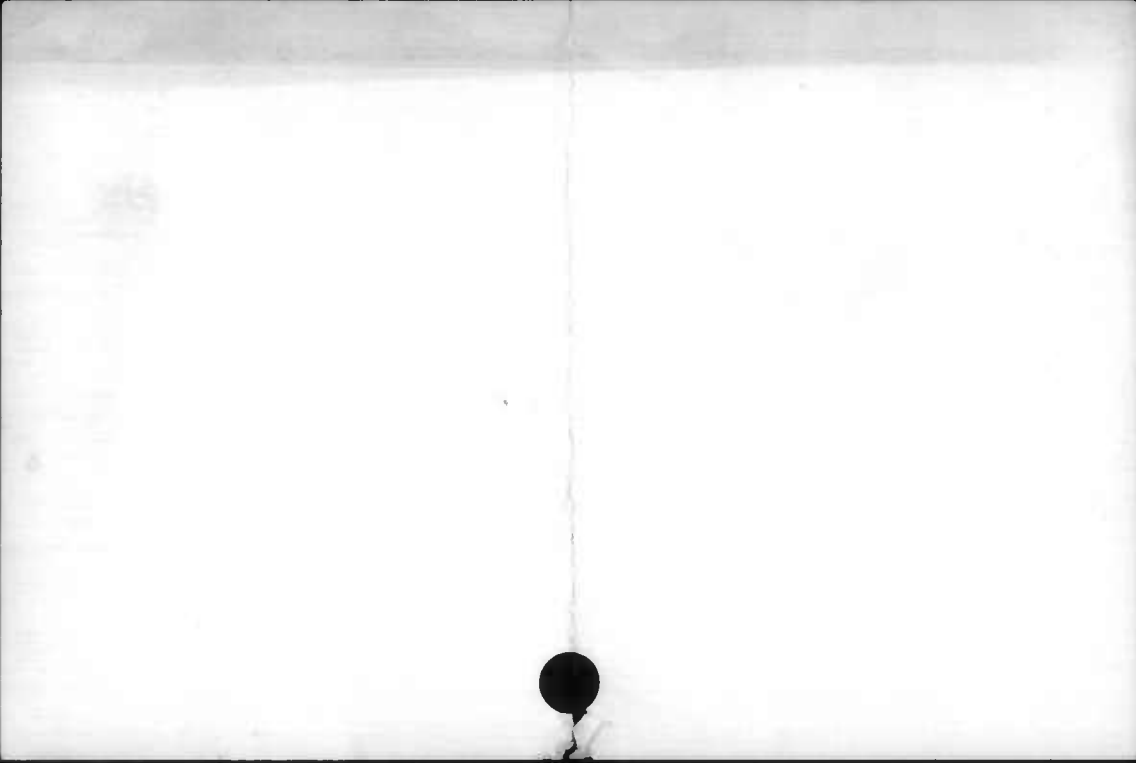
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		11	1	77	6	10	
Sex		Color or Race		Birth-place			
Male		White		Charles G.			
Occupation				Where Residing if not at place of death			
Farmer				Federalsburg Md			
Married, Single or Widowed		Name of Wife or Husband					
Single		Sarah C. Breckinridge					
Father's Name				Father's Birthplace			
Thos Breckinridge				Charles			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Charles			
Name of person giving Information				How related to deceased			
Mr. T. H. Jones				Nephew			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Emphysema	How long	Dr. Jno.
Immediate	Asphyxiation	How long	inches
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		G. F. Jenkins	
		Address	
		Federalsburg Md.	
Accident or Suicide			



Name in Full *Musley Black*

CERTIFICATE OF DEATH

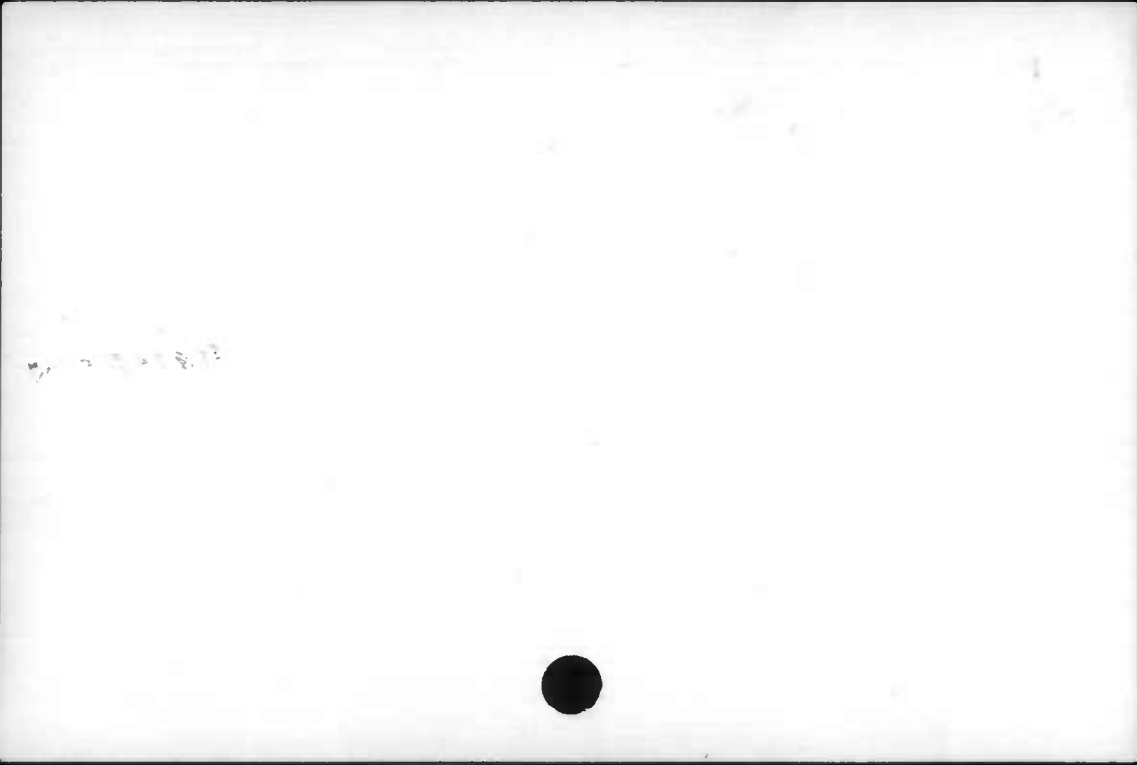
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Nov.</i>	Day	<i>21</i>
Age	<i>17</i>	Years	<i>10</i>	Months	<i>21</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birthplace	<i>Md.</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John Musley Black</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Archie Foster</i>			Mother's Birthplace	<i>Del.</i>
Name of person giving Information	<i>John Musley Black</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysphoid fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. C. Madara</i>	
Address		<i>Ridgely Md.</i>	
Accident or Suicide <i>—</i>			



Name
in
Full

Sarah Lizzie Boyce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>or near</i> <i>Robbs</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	1909	Month	November	Day	4 th
Age	one year	Months	2	Days	
Sex	Female	Color or Race	negro	Birth-place	Caroline county
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Frank Boyce	Father's Birthplace			
Mother's Maiden Name	Martha Boyce	Mother's Birthplace			
Name of parson giving Information	Frank Boyce	How related to deceased			

CAUSES OF DEATH

167

How long

PHYSICIAN
OR CORONER

Primary *Accident*

Immediate *Burned to death*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

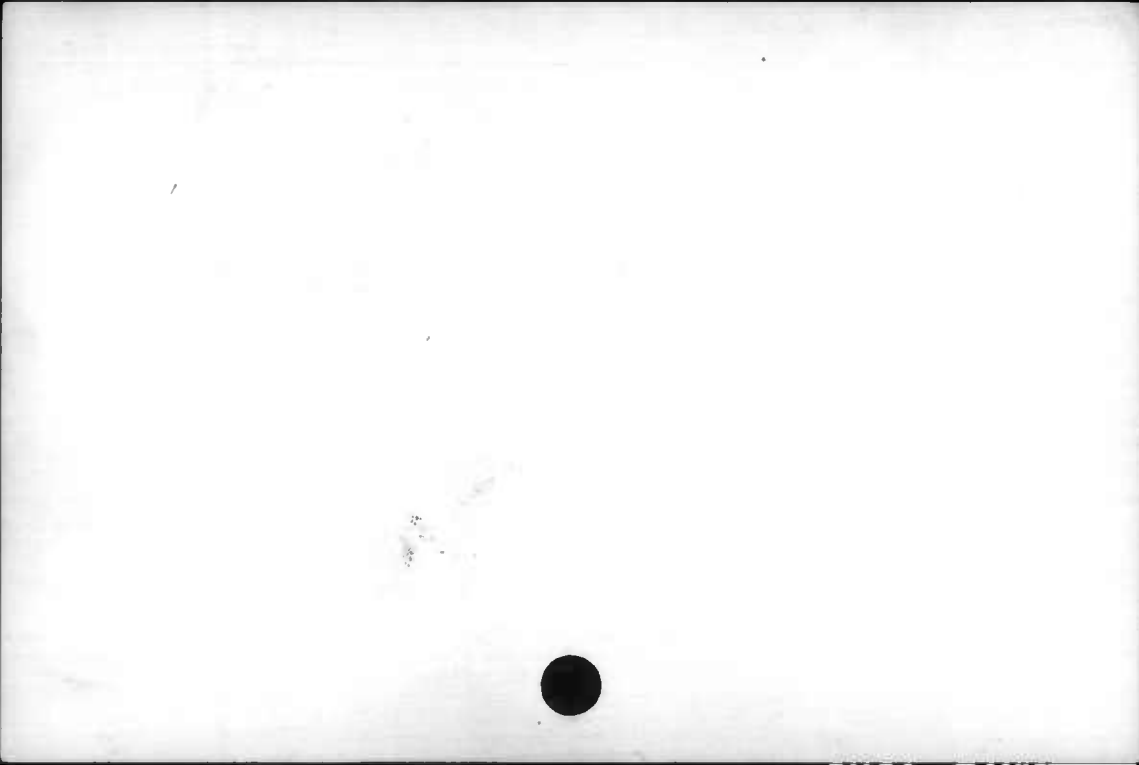
J. Patten Hill

Denton, Maryland

J.P., Acting as Coroner.

Accident or Suicide

Accident



Name
in
Full

Alfred Cannon

War-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

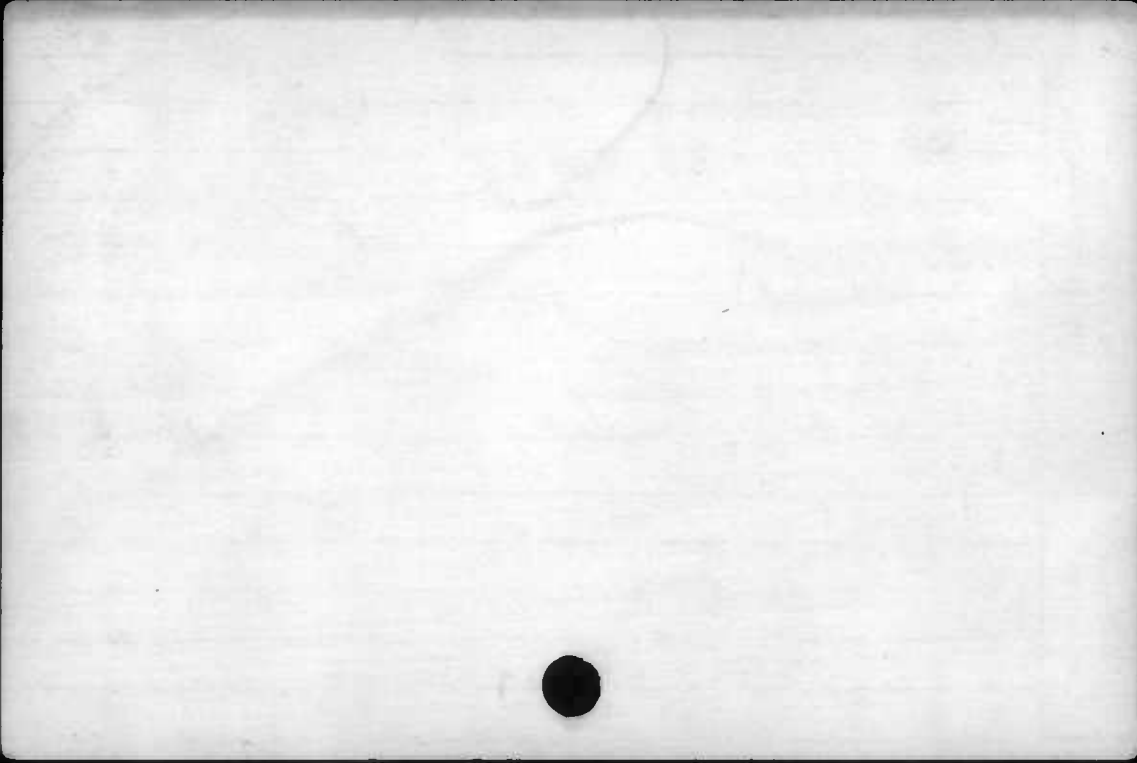
Died at <i>near Ridgely</i> <small>Town</small>			County <i>Caroline</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>11</i>	Day <i>19</i>	Age <i>50</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Farm near Ridgely</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Cannon</i>					
Father's Name <i>Wm H Cannon</i>			Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Sarah Satterfield</i>			Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Carroll Cannon</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 mo.</i>
Immediate <i>Common</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Address]</i>
Accident or Suicide?	



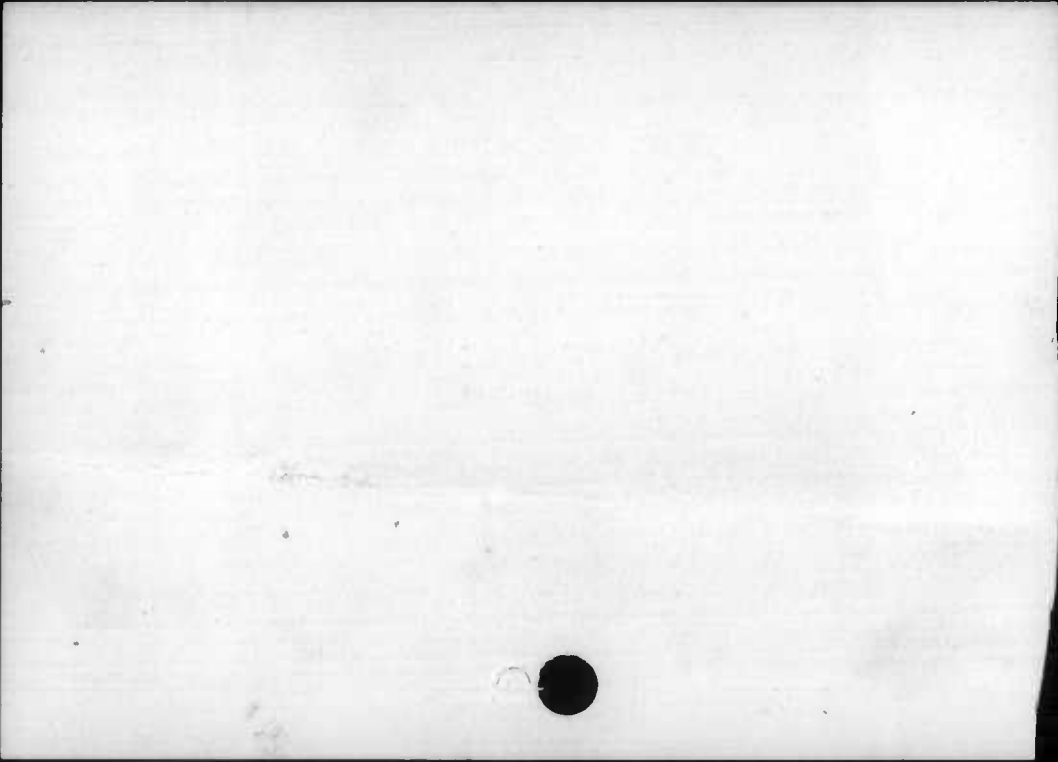
Charles W. Carter

CERTIFICATE OF DEATH

Died at <u>Henderson</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death	1909	Month	11	Day	28
Age		64		Years	6
Months		3		Days	
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Farmer</u>		Birth-place	<u>Ind.</u>	
Where Residing if not at place of death			<u>at place death.</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Jane Carter</u>	
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Jane Cohey</u>		Mother's Birthplace	<u>Ind.</u>	
Name of person giving information	<u>Elmer Carter</u>		How related to deceased	<u>Son.</u>	

CAUSES OF DEATH

Primary	<u>Mitral Regurgitation</u>	How long	<u>One year.</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>One day.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. W. Baver, M.D.</u>
Accident or Suicide?	<u>No</u>	Address	<u>English Ind.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> ^{Town}		<u>Cesarine</u> ^{County}		MARYLAND	
Date of death 1909 Nov 6 th		Salvador		Age 82	Months 1 Days 5
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Fredensica</u>			
Occupation <u>Fanner</u>	Where Residing if not at place of death <u>Ridgely</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Melden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>W H, Lord</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

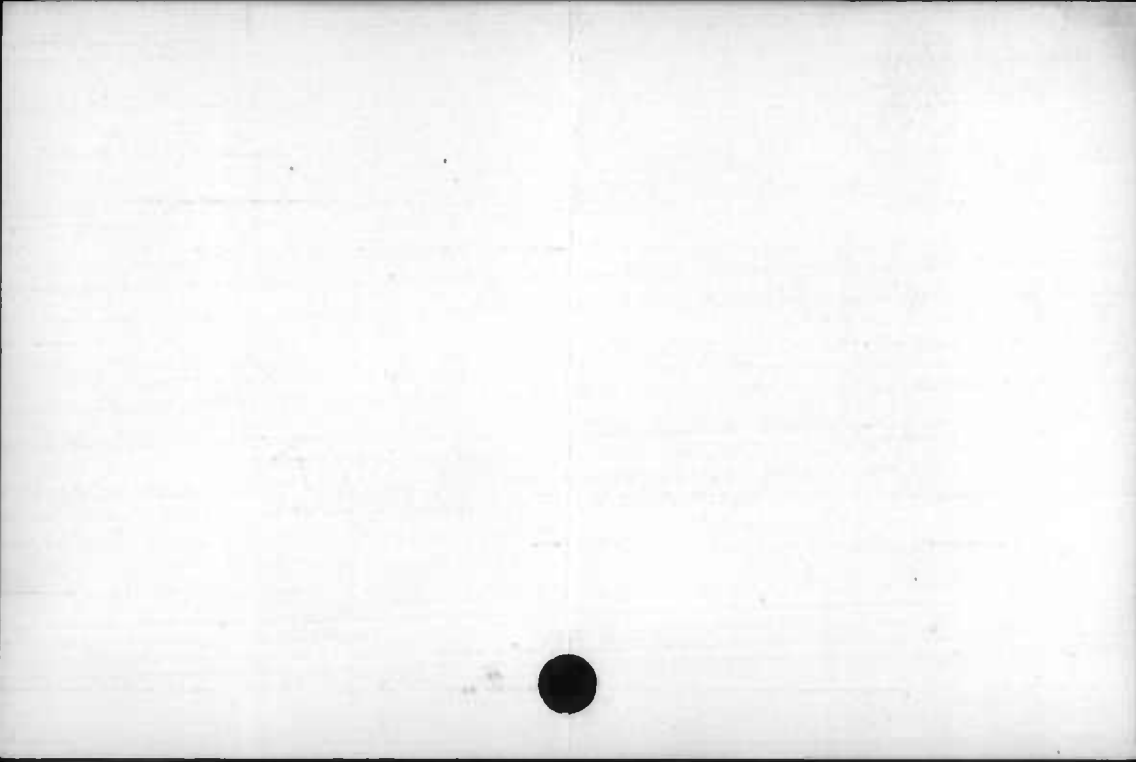
27

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long	<u>1 Year</u>
Immediate		How long	
Are the name, age, sex, color, date and piece correctly given above?		Signature of Physician <u>H N. Richards</u>	
		Address <u>Ridgely Md</u>	
Accident or Suicide			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Lyons</u> ^{Town}		<u>Caroline</u> ^{County}	
		Date of death <u>1909</u> ^{Month} <u>Nov</u> ^{Day} <u>21</u>		Age <u>2</u> ^{Years} <u>3</u> ^{Months} <u></u> ^{Days}	
		Sex <u>female</u>		Color or Race <u>white</u>	
		Occupation <u></u>		Birth-place <u>md</u>	
		Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u></u>	
		Father's Name <u>Wm H Craft</u>		Father's Birthplace <u>md</u>	
Mother's Maiden Name <u>Harriet E Willens</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>W H Craft</u>		How related to deceased <u>father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Diphtheria</u>		How long <u>7 days</u>	
		Immediate <u></u>		How long <u></u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R Kemp Jefferson</u>	
		Accident or Suicide? <u></u>		Address <u>Federal Building</u> <u>md</u>	



Edith Lucinda Davis

CERTIFICATE OF DEATH

Died at ^{Town} near Goldsboro ^{County} Caroline MARYLAND

Date of death 1909 Nov. 1 Age 5 Months 8 Days

Sex female Color or Race white Birth-place near Goldsboro

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name Alphonso Davis

Father's Birthplace Kent Co. Del.

Mother's Maiden Name Evaline Porter

Mother's Birthplace Denton, Md.

Name of person giving Information Father A. Davis

How related to deceased father

CAUSES OF DEATH

Primary

Enteritis

How long

105

30 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

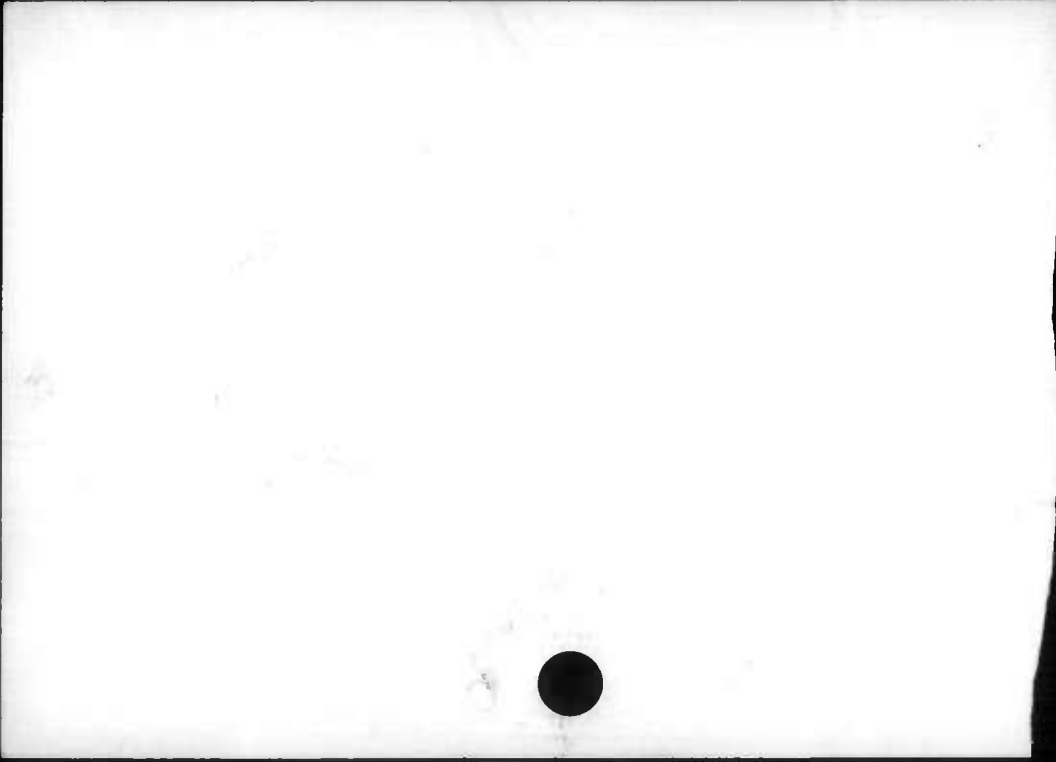
Yes

Signature of Physician

Address

L. Silver Goldsboro Md

Accident or Suicide



Name
in
Full

Ruth C. Eaton

CERTIFICATE OF DEATH

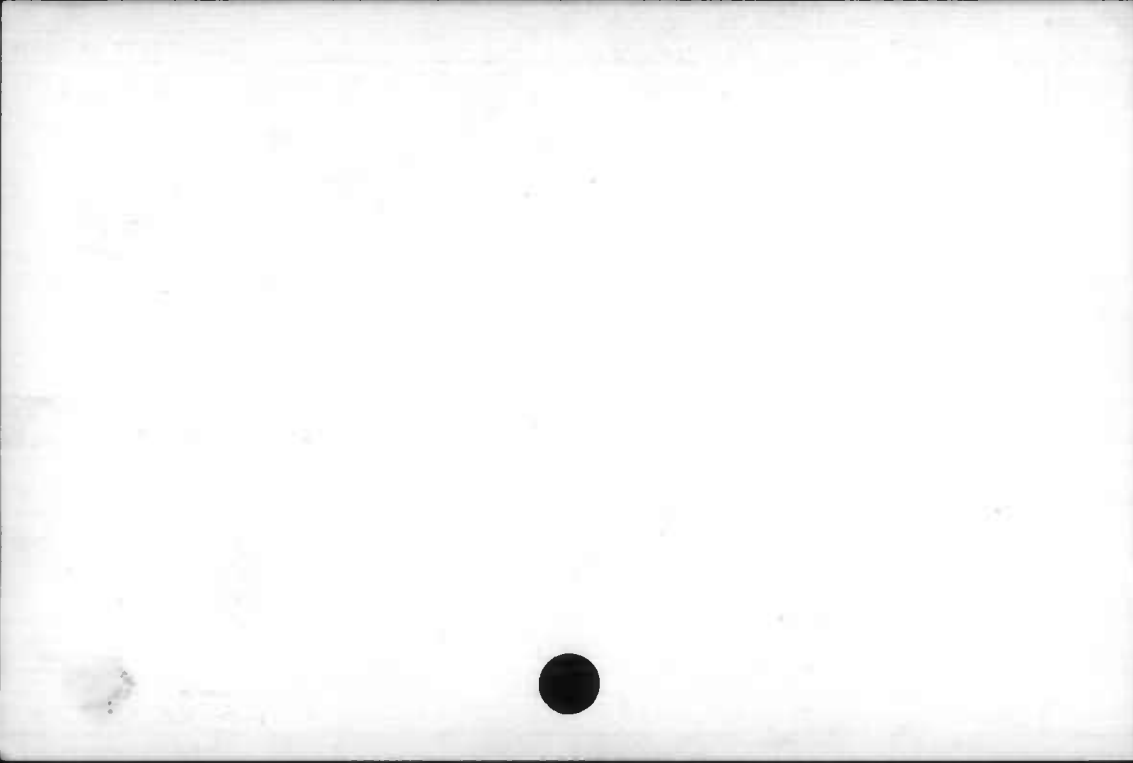
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Nov	15	15			
Sex	female	Color or Race	White		Birth-place	Caroline	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	John A. Eaton				Father's Birthplace	Caroline	
Mother's Maiden Name	Maggie L. White				Mother's Birthplace	Dorchester	
Name of person giving Information	John A. Eaton				How related to deceased	Father	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Dont Know		How long	1
Immediate	Typhoid Fever		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes.		Signature of Physician	G. W. Simmons
			Address	Denton Md.
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Lavin Edge

CERTIFICATE OF DEATH

Town

Greensboro

County

Caroline

MARYLAND

Died at

Date

of death

1909

Month

Nov

Day

23

Years

72

Age

Months

5

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Delaware

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rody (Dippie) Edge

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

"

"

Mother's
Birthplace

"

"

Name of person giving
Information

Lavin Edge Jr

How related
to deceased

Son

CAUSES OF DEATH

1574

Primary

Senile debility -

How long

Two months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

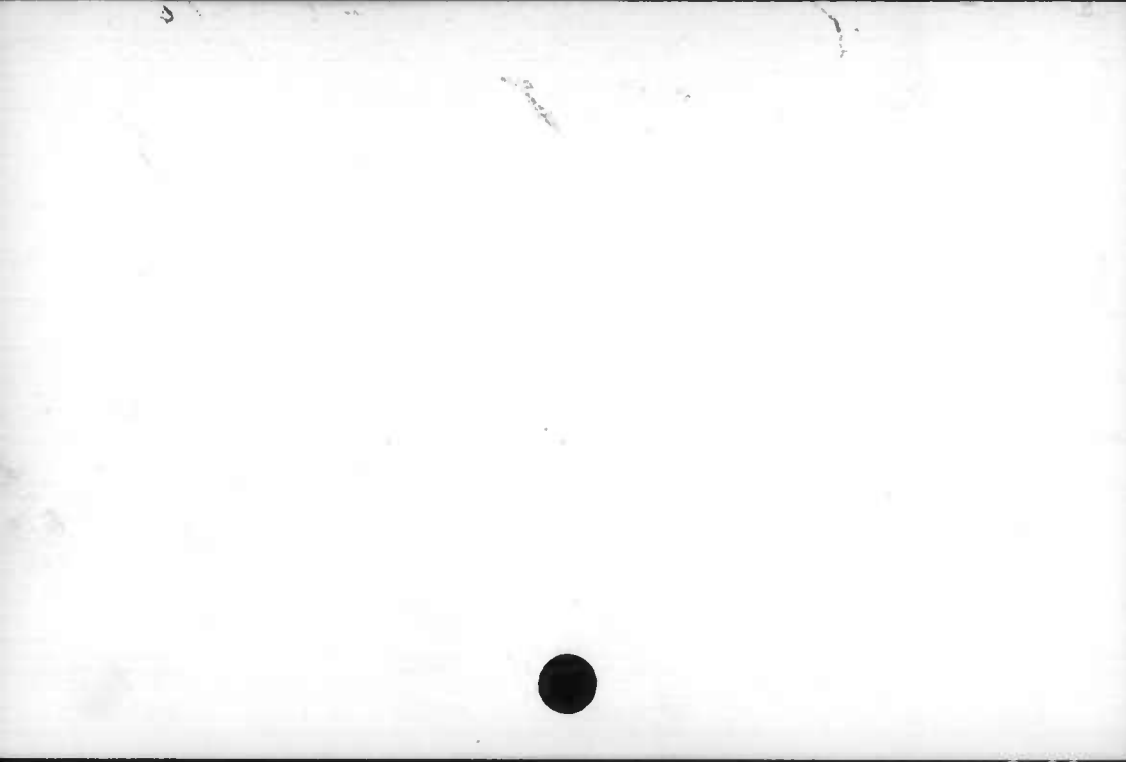
Signature of
Physician

Address

W. L. Edstrom,
Greensboro, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reunion</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	1909	Month	Nov	Day	4
Age	65	Years		Months	
Sex	Male	Color or Race	Black	Birthplace	New Jersey
Occupation	Fisherman	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name	Richard Faulkner	Father's Birthplace	New Jersey		
Mother's Maiden Name	Mary Beace	Mother's Birthplace	New Jersey		
Name of person giving Information	Laura Redmont	How related to deceased	Daughter		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	3 yrs
Immediate	<i>Ephemer</i>	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
71		<i>Dr. L. M. Smith</i>	
		Address	
		<i>Wilmington, Del</i>	
Accident or Suicide			



Name
in
Full

R. C. Flounders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

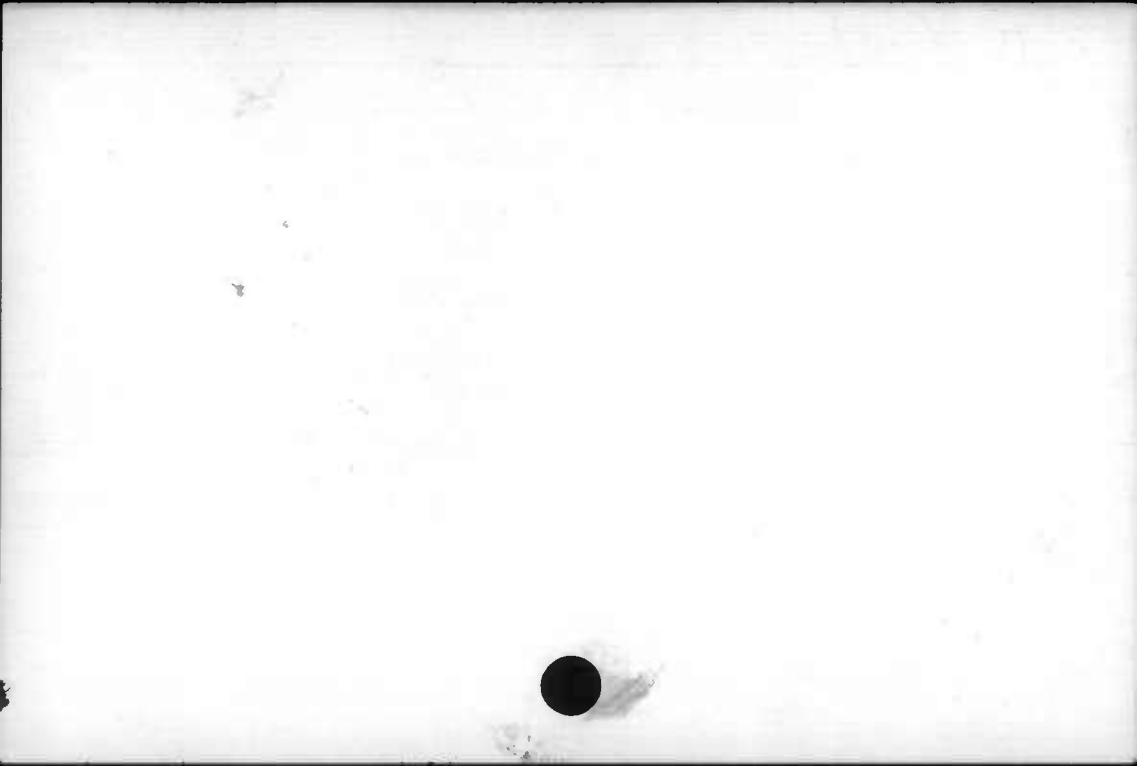
Died at <i>Ridgely</i>		Town		County <i>Caroline</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Nov.</i>		Day <i>10</i>		Years <i>63</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Cherry Hill</i>		Months <i>25</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lizzie J. Flounders</i>					
Father's Name <i>Nathaniel Flounders</i>		Father's Birthplace <i>Cherry Hill</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving Information <i>Lizzie J. Flounders</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>		How long <i>Don't know</i>	
Immediate <i>Chronic Nephritis</i>		How long <i>Don't know</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. D. Hoar M.D.</i>	
Address <i>Ridgely</i>			
Accident or Suicide <i>No</i>			



Name

in

Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

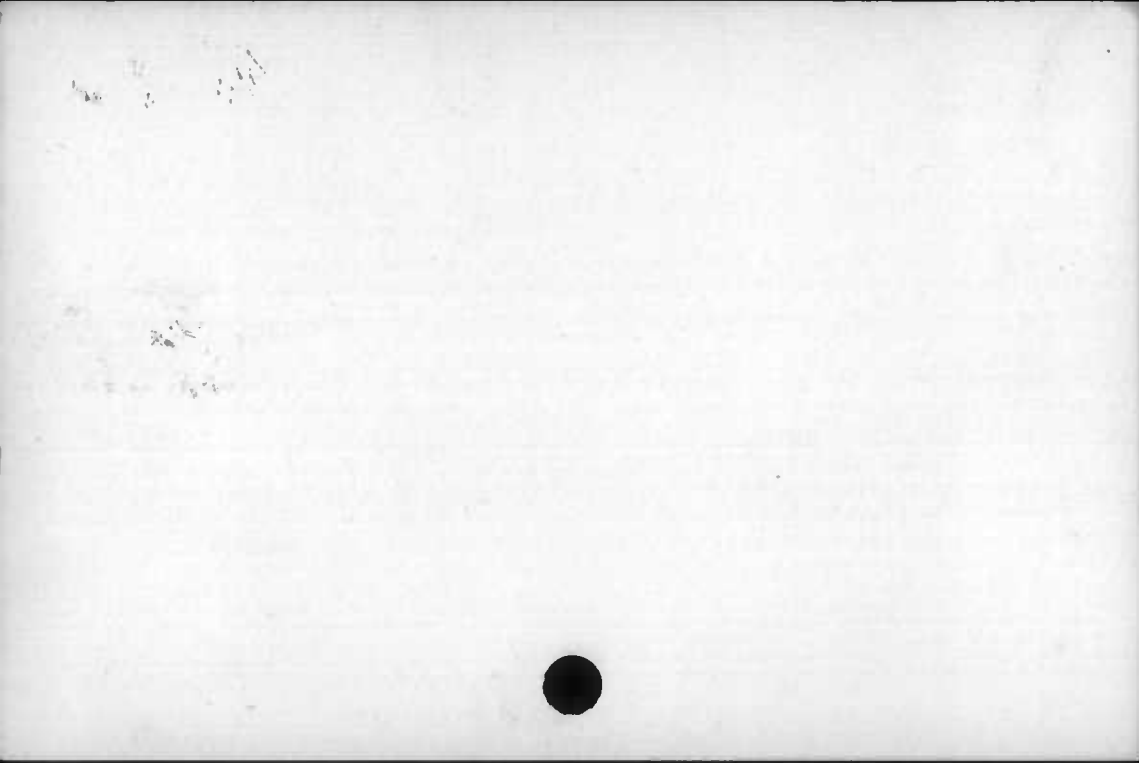
Died at <i>or near</i> ^{Town} <i>Stobbs</i>		^{County} <i>Caroline</i>	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>5</i> Years
Sex <i>Female</i>	Color or Race <i>negro</i>	Birth-place <i>Caroline county</i>	Months <i>9</i> Days
Occupation <i>none</i>	Where Residing if not at place of death _____		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband _____		
Father's Name <i>Green</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Sutton</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Green</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Accident</i>	How long _____
Immediate <i>Burned to death</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Patter</i>
	Address <i>Denton, Maryland</i>
Accident or Suicide? <i>Accident</i>	<i>J.P., Acting as Coroner.</i>



Name
in
Full

Medford Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>or near Hobbs</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Nov.	4 th	Age 4	10	
Sex	Color or Race	Birth-place			
Male	negro	<i>Caroline County</i>			
Occupation	Where Residing if not at place of death				
<i>none</i>					
Married, Single or Widowed	Name of Wife or Husband				
<i>single</i>					
Father's Name	Father's Birthplace				
<i>Green</i>	<i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mary Sutton</i>	<i>Maryland</i>				
Name of person giving Information	How related to deceased				
<i>Green</i>	<i>father</i>				

CAUSES OF DEATH

167

Primary	<i>Accident</i>	How long	
Immediate	<i>Burned to death</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. Patton Steel</i>	
Address		<i>Denton, Maryland</i>	
Accident or Suicide		<i>Accident</i>	
		<i>J.P. acting as Coroner.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Chas Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

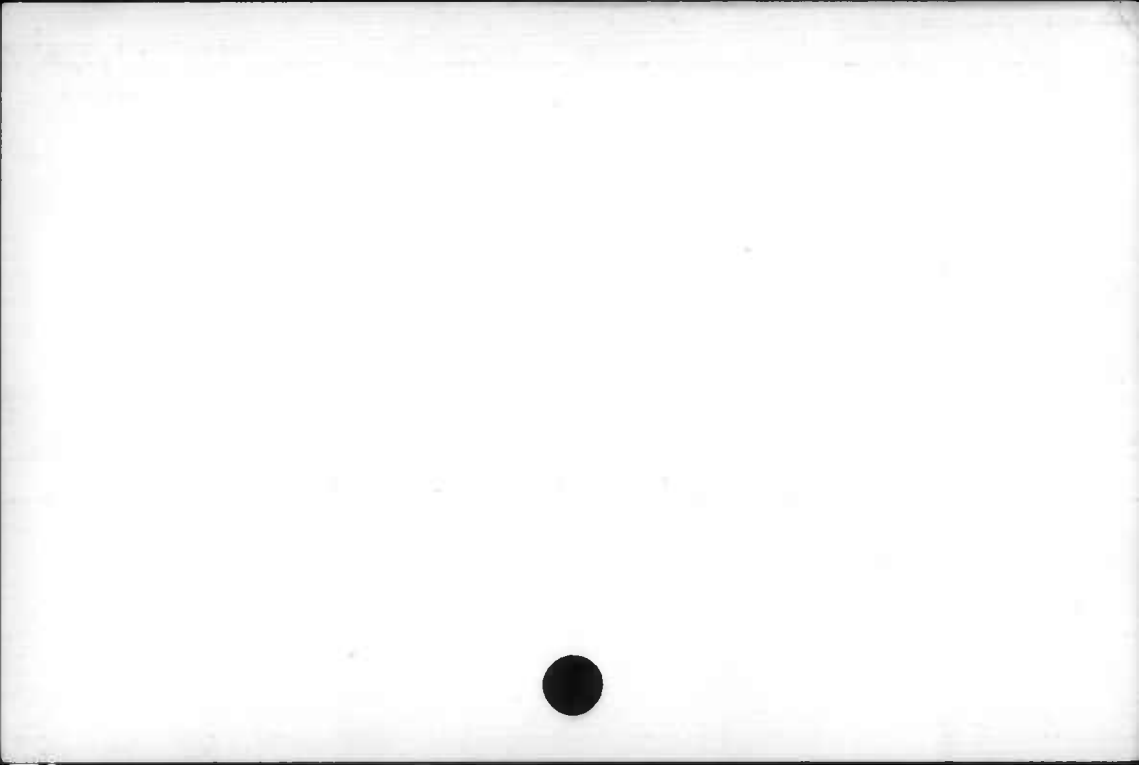
Died at <u>Durbin</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month}		<u>11</u> ^{Day}	Age <u>44</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>md.</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>md.</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Lucy Harris</u>			
Father's Name <u>Bevort Harris</u>		Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Jani Clark</u>		Mother's Birthplace <u>md.</u>			
Name of person giving Information <u>Lucy Harris</u>		How related to decasead <u>Wife</u>			

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <u>Myocardial Infarction</u>	How long <u>2 months</u>
Immediate <u>Heart Failure</u>	How long <u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Nichols md</u>
	Address <u>Durbin md</u>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Walter J. Henry*
Town *Williston* County *Baroline* MARYLAND
Died at
Date of death 1909 *Nov.* Month *6* Day Age *23* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Williston*
Occupation *Farmer* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *James Henry* Father's Birthplace *Ind*
Mother's Maiden Name *Adeline Carroll* Mother's Birthplace
Name of person giving Information *James Henry* How related to deceased *Father*

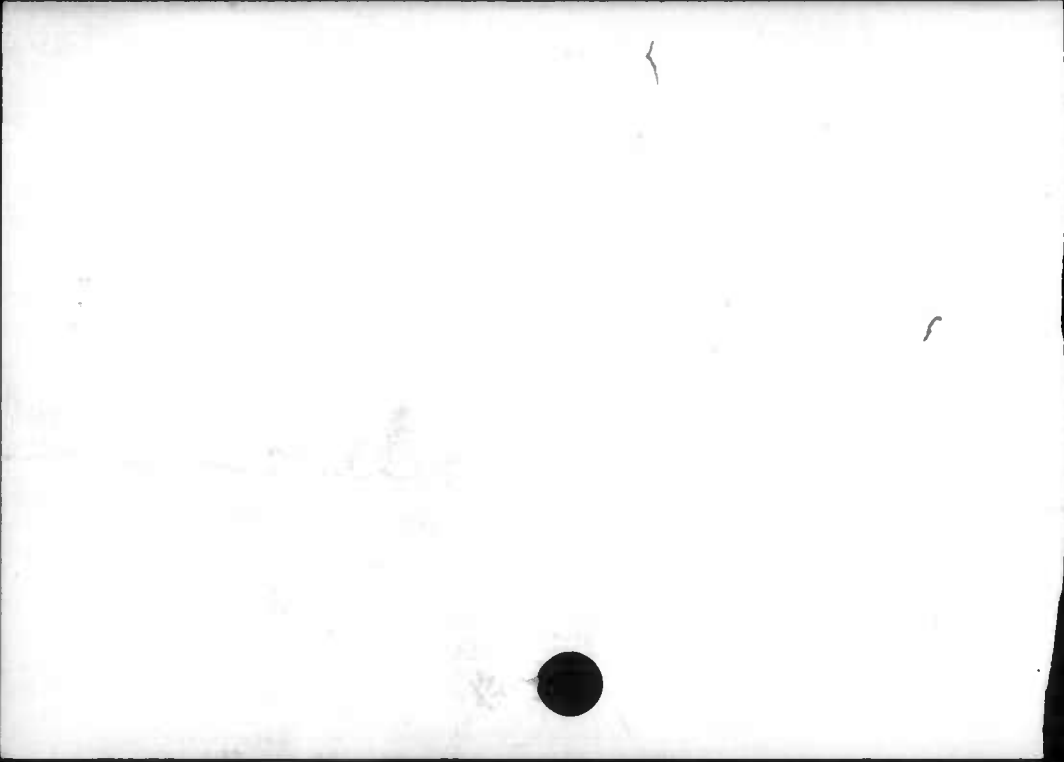
CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *Dont Know* How long *27*
Immediate *Consumption* How long *2 years*
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *E. W. Seymour*
Address *Denton, Ind*
Accident or Suicide



John H. Hockstet						CERTIFICATE OF DEATH	
Died at <i>New Goldsboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1909 Nov 15</i>		Month <i>Nov</i>		Day <i>15</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Delaware</i>		Months <i></i> Days <i></i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Effie Hockstet</i>					
Father's Name <i>John Hockstet</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name, <i>Agnes Benson</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>George Hockstet</i>		How related to deceased <i>Son</i>					
<div style="display: flex; justify-content: space-between;"> <div> <p>CAUSES OF DEATH</p> <p>Primary <i>Vesical Calculi</i></p> <p>Immediate <i>Cystitis</i></p> </div> <div> <p>122</p> <p>How long <i>Unknown</i></p> <p>How long <i>3 days</i></p> </div> </div>							
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Sever</i>					
Address <i>Goldboro</i>		Address <i>Ind</i>					
<p>Accident or Suicide</p>							



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

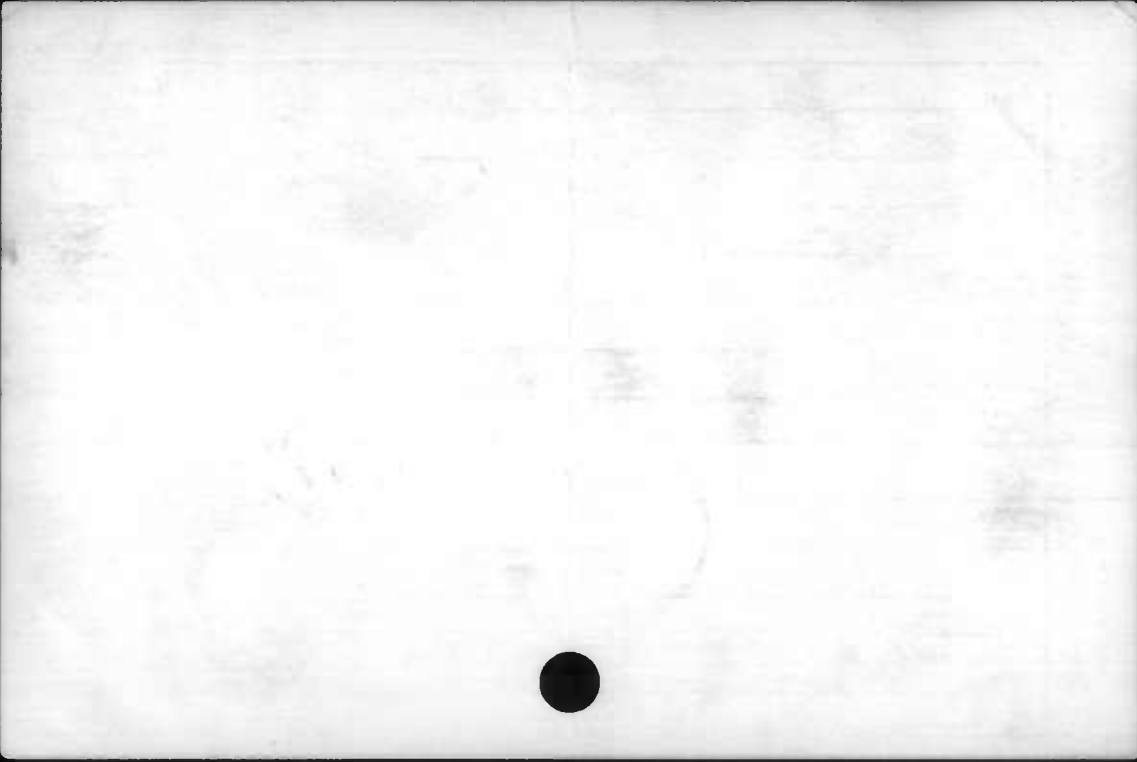
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jennie Paswater*

Died at *Ridgely* Town *Caroline* County *MARYLAND*

Date of death *1909* Month *Nov.* Day *6* Age *33* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Charles Paswater*

Father's Name *Wiles Green* Father's Birthplace *Pa.*

Mother's Maiden Name *Susan A. Benscoter* Mother's Birthplace *Pa.*

Name of person giving Information *Rosa Bowere* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Phthisis Pulmonalis* How long *2 years*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. C. Madara
Ridgely Md.

Accident or Suicide



Name
in
Full

Mary A. Pritchett -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} near Ridgely ^{County} Caroline		MARYLAND	
Date of death 1909	Month Nov	Day 13	Age 72
Sex Female		Color or Race White	Birth-place Bellefonte, Penna.
Occupation Housekeeper		Where Residing if not at place of death Ridgely, Md.	
Marriad, Single or Widowed Widow	Name of Wifa or Husband Mrs		Pritchett
Father's Nama Moses Hater	Father's Birthplace Centre Co. Pa.		
Mothar's Maiden Nama Katharine Cronley	Mother's Birthplace " " "		
Nama of parson giving Information H. H. Kuhn	How related to deceased Son		

CAUSES OF DEATH

106 ✓
How long 6 mos.
How long

PHYSICIAN
OR CORONER

Primary Atrophic chronic gastro-intestinal catarrh	Signature of Physician J. J. Allen M.D.
Immediate	Address Ridgely Md
Are the nama, age, sex, color, date and plac a correctly given above? Yes	
Accident or Suicide No	

Gansboro

Name
in
Full

Harold Warner Ritchey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ridgely ^{Town} Caroline ^{County}
 Date of death 1909 ^{Month} Nov. ^{Day} 21 Age ^{Years} 3 ^{Months} 11 ^{Days}
 Sex Male Color or Race white Birth-place Md.
 Occupation Where Residing if not at place of death
 Married, Single or Widowed Single Name of Wife or Husband
 Father's Name Eber Ritchey Father's Birthplace Pa.
 Mother's Maiden Name Minnie Hignett Mother's Birthplace Kel.
 Name of person giving Information Eber Ritchey How related to deceased Father

CAUSES OF DEATH

Primary Marasmus ^{How long} One month
 Immediate Exhaustion ^{How long} 1 day
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. C. Madara
 ^{Address} Ridgely Md.
 ^{Accident or Suicide}

PHYSICIAN
OR CORONER

Fred Wright
Boonabon

Name
in Full

Katharine Rogers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Goldsboro, ^{County} Caroline		MARYLAND	
Date of death	1909 Nov. 20	Age	2
Sex	female	Color or Race	Black
Occupation	X	Birth-place	near Goldsboro
Where Residing if not at place of death			
Married, Single or Widowed	X	Name of Wife or Husband	X
Father's Name	Wm. Rogers.	Father's Birthplace	millford Del.
Mother's Maiden Name	Marie Hicks	Mother's Birthplace	near Greensboro Caroline Co.
Name of person giving Information	Wm. Rogers	How related to deceased	father

CAUSES OF DEATH

93

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

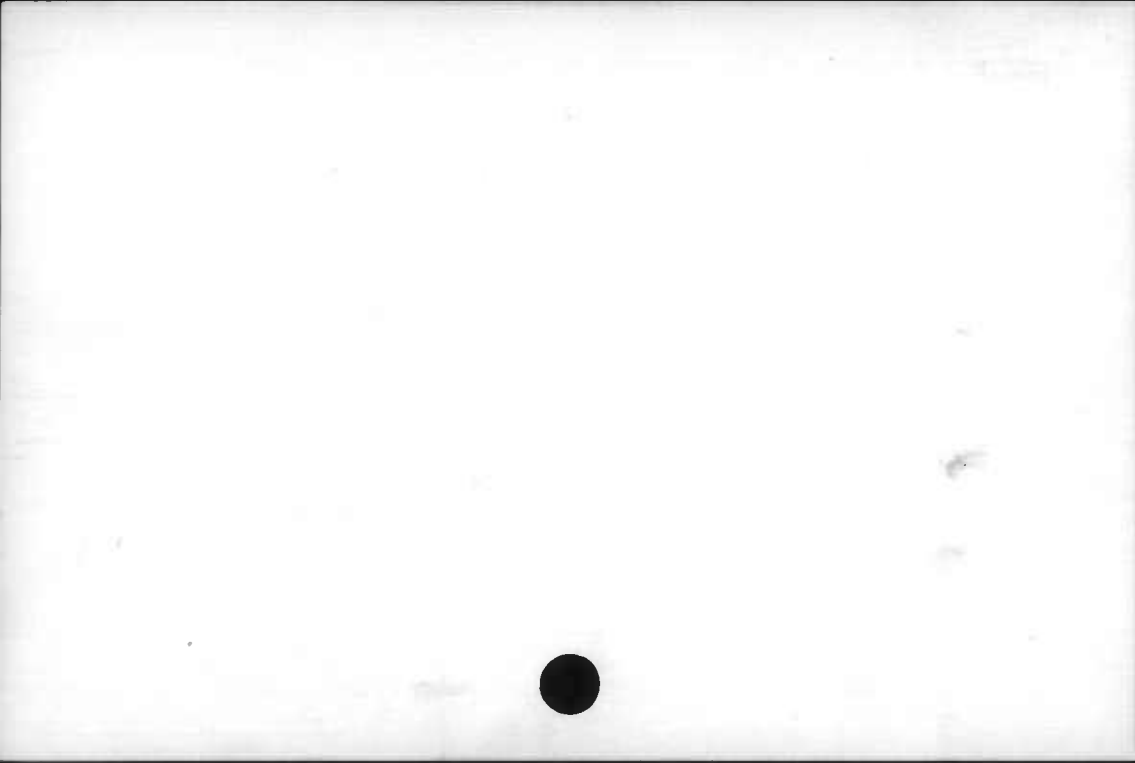
Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death 190 <i>9</i> <small>Month</small>		<i>19</i> <small>Day</small>	Age <i>64</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Where Residing if not at place of death <i>Ridgely</i>		Birth-place <i>Maryland.</i>	
Occupation <i>Laborer</i>	Married, Single or Widowed <i>married</i> Name of Wife or Husband <i>Lucetta Stevens</i>				
Father's Name <i>Samuel Stevens</i>	Father's Birthplace <i>Delaware</i>		Mother's Maiden Name <i>Martha Nichols</i> Mother's Birthplace <i>Caroline Co. Md.</i>		
Name of person giving Information <i>Lucetta Stevens</i>			How related to deceased <i>wife.</i>		

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide <i>—</i>	



Name
in
Full

not named

Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hobbs</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	11	Day	22
Age		Years		Months	Days
Sex	Male	Color or Race	Black	Birth-place	Ind
Occupation	none		Where Residing if not at place of death	same	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	J ^m Stewart			Father's Birthplace	Ind
Mother's Maiden Name	Alice Stewart			Mother's Birthplace	Ind
Name of person giving Information	Mary Boston			How related to deceased	not related

CAUSES OF DEATH

Primary	Breach presentation	How long	8
Immediate	Still born	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

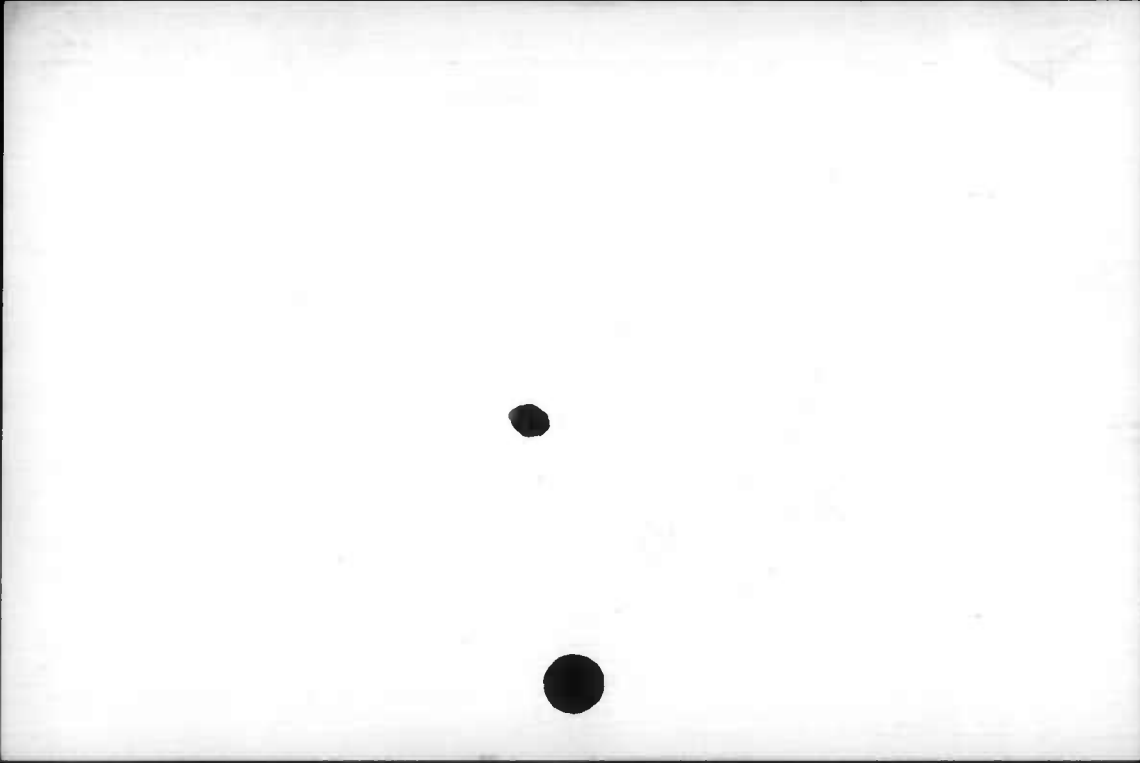
Address

P B Fisher

Newton

md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

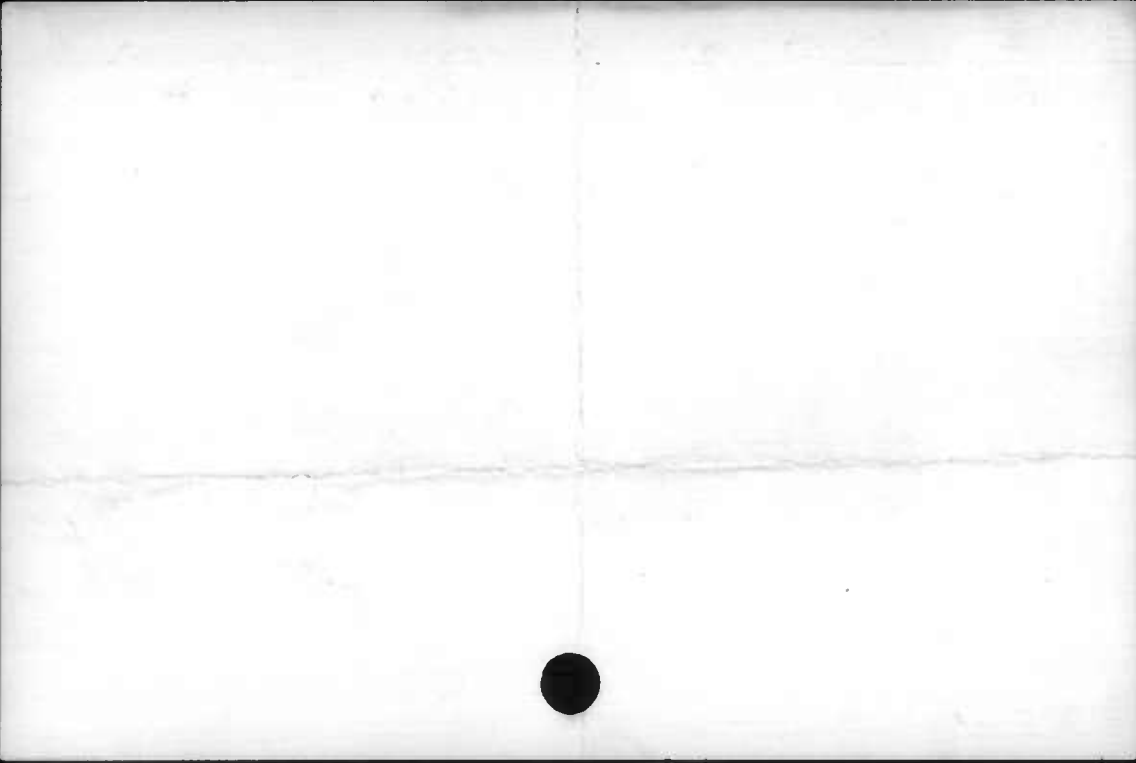
Died at <i>Federalby</i> Town <i>William</i> County <i>William</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>11</i>	Day <i>13</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>10 hours</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Federalby Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>W. Frank Williams</i>	Father's Birthplace <i>Coolidge</i>		
Mother's Maiden Name <i>Anna Alida Wilcox</i>	Mother's Birthplace <i>Coolidge</i>		
Name of person giving Information <i>Anna Alida Williams</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Constitution, 7 mos. child</i>	How long <i>blue baby</i>
Immediate <i>Respiratory failure partly expected death</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. F. Guelm</i>
	Address <i>Federalby Md</i>
Accident or Suicide <i>—</i>	



Name
in
Full

Mauda Gooch Wright
Town *Chapman* County *Caroline*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Month

11

Day

10

Age

Years

45

Months

9

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of death

Chapman 6

Married, Single
or Widowed

M

Name of Wife or
Husband

Laura Wright

Father's
Name

Wm Gooch

Father's
Birthplace

Ind

Mother's
Maiden Name

Thomas Baker

Mother's
Birthplace

Ind

Name of person giving
Information

Laura Wright

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Paralysis

How long

66

Immediate

Paralysis

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*Harmond Dawson
Preston*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

